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Date: 04/30/2007

Pages: 11 (including cover page)

Re: Serial No. 10/810,539

Comments:

- 1) Transmittal Form;
- 2) Petition for Extension of Time;
- 3) Credit Card Payment Form;
- 4) Supplemental IDS (previously submitted 9/12/06; and
- 5) Amendment/Response to Office Action of 11-29-2006

APR 30 2007

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PTO/SB/21 (03-08)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

Application Number

10/810,539

Filing Date

March 26, 2004

First Named Inventor

Monroe et al.

Art Unit

3676

Examiner Name

Zikliya W. Bates

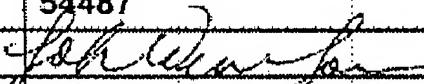
Attorney Docket Number

020569-07100 (P202-1286-US)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavit/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1) Credit Card Payment Form	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Remarks	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks		
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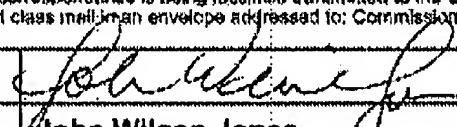
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	54487		
Signature			
Printed name	John Wilson Jones		
Date	April 30, 2007	Reg. No.	31,380

CERTIFICATE OF TRANSMISSION/MAILING

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Date April 30, 2007

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